P05: Palliative Care - Nausea

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Introduction

Nausea and vomiting can profoundly affect the quality of life for palliative patients. The prevalence of nausea and vomiting is high in this group, affecting 40-60% of all individual receiving palliative care. Gastroparesis and chemical disturbances are the most common cause.

Essentials

- Establish goals of care in consultation and conversation with the patient, family, and care team
- Non-pharmacological interventions provide the best relief for mild and moderate nausea and vomiting
- Keep air and room fresh, and eliminate strong odors
- Nausea and vomiting are separate, but related, phenomena that are present in many life-limiting conditions

Additional Treatment Information

- A single dose of antiemetic is sufficient in the majority of patients
- Antiemetics tend to suppress vomiting more readily than nausea. An increase in the antiemetic dose may improve control of nausea.

Referral Information

All palliative and end-of-life patients can be considered for inclusion in the Palliative Clinical Pathway (treat and refer) approach to care. Paramedics must complete required training prior to applying this pathway.

General Information

- Underlying causes can be classified into 6 broad groups:
  - Chemical
  - Cortical
  - Cranial
  - Vestibular
  - Visceral
  - Gastric stasis (impaired gastric emptying)

Interventions

Emergency Medical Responder – All FR interventions, plus:

- Establish goals of care in consultation and conversation with the patient, family, and care team
- Complete a comprehensive nausea and vomiting assessment
- Promote fresh air in the patient's room, and eliminate strong odors where possible
- Promote non-pharmacological pain strategies such as positioning and reassurance

Primary Care Paramedic – All FR and EMR interventions, plus:

- Assist family with administration of any medications that are part of the patient's care plan. Paramedics shall only administer patient medications where the symptom management plan is clear, and practitioners are properly trained, and the intervention is within the scope of practice. Contact CliniCall for consultation.

- For mild nausea, consider dimenhyDRINATE PO/SC
- Consider intravenous fluids as appropriate to correct hypotension or dehydration
- Consultation with CliniCall is recommended

Advanced Care Paramedic – All FR, EMR, and PCP interventions, plus:

- Paramedics should not use in situ subcutaneous access devices unless they are educated in their use and within their scope of practice.
- For moderate to severe nausea, consider
  - Metoclopramide 5 mg SC
  - Ondansetron SC
  - DimenhyDRINATE PO/SC
  - Paramedics should consider patient's existing regimen of drugs. ACPs may administer patients' own prescribed medication only if the ACP has completed the appropriate Schedule 2 (4(b)) license endorsement. A mandatory call to EPOS for consult is required, prior to the administration of any out-of-scope medications.

Evidence Based Practice

Nausea & Vomiting

References

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3. BC Centre for Palliative Care. B.C. Inter-Professional Palliative Symptom Management Guidelines. 2017. [Link]
4. Nova Scotia Health Authority. Nova Scotia Palliative Care Competency Framework. 2017. [Link]
5. Pallium Canada. Learning Essentials Approach to Palliative Care. 2019. [Link]
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